



Florida Department of Agriculture & Consumer Services
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT
FOR CHARITABLE ORGANIZATIONS AND
SPONSORS**

SOLICITATION OF CONTRIBUTIONS ACT
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

ADAM H. PUTNAM
COMMISSIONER

For online payments, visit www.FreshFromFlorida.com
Make check payable to FDACS and remit application to:

FDACS
Solicitation of Contributions DEPT OF AGRICULTURE
PO Box 6700 Tallahassee FL 32314-6700 AND CONSUMER SERVICES

www.800helpfla.com
1-800-HELP-FLA(435-7352)(FL Only) JUL 10 2017
1-850-410-3800 Calling outside FL
Fax: 1-850-410-3804

BUREAU OF FINANCE
AND ACCOUNTING

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Bridging Freedom, Inc.

Registration Number: CH36827 Expiration Date: July 10, 2017 FEID Number: 27-5467980

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule O, for the immediately preceding fiscal year, to the above address.

REGISTRATION FEES:

For contributions received the preceding fiscal year:

	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

Note: A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

LATE FEES: A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

1. Enclosed:

Registration fee of \$ 200.00
and late fee of \$ _____
(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 2940670
Org Code: 42100625000
Object Code: 001133

DTN/FAID: 2940670
18-04494569-0001
200.00 07/10/2017
NPNH991451



2. Principal Street Address:

Name: BRIDGING FREEDOM, INC.Street Address: 4401 W KENNEDY BLVD 3RD FLCity, State and Zip: TAMPA, FL 33609-2048 Phone: 813-474-4673E-mail laura@bridgingfreedom.org Web site: www.bridgingfreedom.org

3. Mailing Address (if different):

Name: _____

Street Address: PO BOX 18984City, State and Zip: TAMPA, FL 33679-8984 Phone: _____

4. Fictitious (DBA) Name: _____

5. Other name(s) soliciting us:

6. What is the purpose for which the organization is organized?

THE MISSION OF BRIDGING FREEDOM IS TO COMBAT DOMESTIC MINOR SEX TRAFFICKING BY
BRINGING RESTORATION TO THOSE WHO ARE RESCUED AND PREVENTION TO THOSE WE REACH
WITH OUR MESSAGE.

What is the purpose for which the contributions will be used?

TO BUILD LONG TERM REHABILITATIVE HOMES IN FLORIDA FOR DOMESTIC MINOR SEX
TRAFFICKING VICTIMS RESCUED BY LAW ENFORCEMENT. ADDITIONALLY, TO STAFF THE HOMES
WITH RESIDENTIAL CARETAKERS, THERAPISTS, EDUCATORS, AND HEALTH PROFESSIONALS. As well
as to provide awareness to the community.

7. List or description of major program activities:

TO DEVELOP A SAFE HOME CAMPUS FOR TRAUMA-INFORMED THERAPY, EDUCATION, HEALTH
MANAGEMENT, LIFE SKILLS. ADDITIONALLY, TO BRING AWARENESS AND PREVENTION OF THE
ISSUE OF CHILD SEX TRAFFICKING TO OUR COMMUNITIES.8. IRS Tax exempt: 501(C)(3) If changed, enclose copy of IRS notice.

9. If applicant does not maintain an office in Florida, person with custody of financial records:

Name: _____

Street Address: _____

City, State, and Zip: _____ Contact Phone: _____

10. Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: HAMILTON, LAURA HStreet Address: 4401 W KENNEDY BLVD 3RD FLCity, State, and Zip: TAMPA, FL 33609-2048 Contact Phone: 813-474-4673

Name: _____

Street Address: _____

City, State, and Zip: _____ Contact Phone: _____

Name: _____

Street Address: _____

City, State, and Zip: _____ Contact Phone: _____

11. Individual or officer who is in charge of solicitation activities:Name: HAMILTON, LAURA HStreet Address: 4401 W KENNEDY BLVD 3RD FLCity, State, and Zip: TAMPA, FL 33609-2048 Contact Phone: 813-474-4673

Name: _____

Street Address: _____

City, State, and Zip: _____ Contact Phone: _____

12. Is this charitable organization or sponsor authorized by another state to solicit contributions? YES NO**13. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?** YES NO**14. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?** YES NO If yes, the reasons for the denial, suspension, or revocation were:**15. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?** YES NO If yes, enclose a copy of the agreement.**16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years?** YES NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name: _____
 Nature of offense: _____ Date: _____
 Court having jurisdiction: _____
 Disposition of offense _____ Date: _____

17. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

YES NO

Name: _____
 Date of Injunction: _____
 Court issuing the injunction: _____

18. Does the charitable organization or sponsor employ a Professional Solicitor?

YES NO If yes, complete Attachment A-1, and provide a copy of current contract.

19. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?

YES NO If yes, complete Attachment A-2, and provide a copy of current contract.

20. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

YES NO If yes, attach a copy of the current contract, and provide the following information for each.
 (attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number:

(_____) _____ - _____

Date of Contract:

Beginning Date: _____ / _____ / _____
 Month Day Year

End Date: _____ / _____ / _____
 Month Day Year

NOTE: Any change to the responses provided to Questions 19 - 24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.800helpfla.com.

21. Are you filing as a parent organization?

YES NO If yes, complete Attachment C.

22. If sponsor, answer the following:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

- a. Does the membership consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

YES NO

b. Total number of sponsor's members: _____

c. Total number of members actively employed as law enforcement or emergency service employees: _____

d. Percentage of total net contributions which are dispersed in the state on behalf of its members in the furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____ %

CONTACT PERSON

23. Person Responsible for completing renewal application.

Name: Laura Hamilton Telephone Number 813|474-4673 Email laura@bridgingfreedom.org

CERTIFICATION

I, Laura Hamilton, am the President
 Name Title
 of Bridging Freedom, Inc.
 Name of Organization or Company

And further state as follows: (Please check all that apply)

- I have read the registration application and know the contents thereof; and
- The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Laura A. Hamilton
 Signature
(813) 474-4673
 Telephone Number

Laura Hamilton
 Printed Name
laura@bridgingfreedom.org
 Email Address

7/7/17
 Date

FINANCIAL STATEMENT

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), F.S.]

- Budget (newly formed organizations only)
- Department's financial statement form.
- 990 and all attached schedules
- 990 - EZ and Schedule O
- 180 Day Extension requested for your financial report only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, F.S.]

25. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit Yes No

26. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 12/31
 Month / Day

27. I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

FINANCIAL STATEMENT**FISCAL YEAR ENDING ____ / ____ / ____**

(Please use department material change form if your organization's fiscal year ending changes.)

Is this a consolidated financial statement for chapters, branches, or affiliates? Yes No**NOTE:** In lieu of using this financial statement you may send the IRS Form 990 and all attached schedules or the IRS Form 990EZ and Schedule O.**** IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.****REVENUE****1. Federated campaigns:**

(must provide a list of sources and amounts)

1. _____

2. Government grants:

(must provide a list of sources and amounts)

2. _____

3. Program service revenue:

3. _____

4. Membership dues:

4. _____

5. Income from interest, dividends, etc.

5. _____

6. Income from investments & tax-exempt bond proceeds:

6. _____

7. Sale of assets other than inventory:**a. Gross sales**

7a. _____

b. Less sales expenses

7b. _____

c. Net gain or (loss) from sale of assets

7c. _____

8. In-kind contributions (non-cash contributions):

8. _____

9. Royalties:

9. _____

10. Related organizations: (Must provide a list of sources and amounts)

10. _____

11. Net rental income:

11. _____

12. Sales of inventory**a. Gross sales**

12a. _____

b. Less: costs of goods sold

12b. _____

c. Net income or (loss) from inventory sales

12c. _____

13. Income from fundraising events:**a. Gross**

13a. _____

b. Less: direct expenses

13b. _____

c. Net income or (loss) from fundraising events

13c. _____

14. Income from gaming activities:**a. Gross**

14a. _____

b. Less: direct expenses

14b. _____

c. Net income or (loss) from gaming activities

14c. _____

15. All other contributions, gifts, grants & similar amounts:

15. _____

16. TOTAL REVENUE

(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)

16. _____

Statement of Functional Expenses

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B,C
Grants & allocations (cash _____ Non cash _____) Attach schedule.				
Assistance to Individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSE:	(A)	(B)	(C)	TOTAL

EXPENSES:

17. Program services expenses, including payments to affiliates
(Total of column A) 17. _____
18. Management & general (Total of column B) 18. _____
19. Fundraising (Total of column C) 19. _____
20. **TOTAL EXPENSES** (add lines 17, 18 & 19) 20. _____

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20) 21. _____
22. Net assets or fund balance at beginning of year 22. _____
23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:	(A) Beginning of Year	(B) End of Year
Cash, savings and investments		
Land and building		
Other assets (describe on separate sheet)		
Total assets		
Total liabilities (describe on separate sheet)		
Total assets or fund balance	(From Line 21)	(From Line 22)

Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. The certification below should be completed by the independent certified public accountant responsible for either reviewing or auditing the above financial statement.

[s. 496.407(1)(b), F.S.]

I certify that I am a CPA authorized to complete this Financial Statement.

Signature

Printed Name

Date

(_____) ____ - ____
Telephone Number

Email Address

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

Parent Organization Name _____ CH # _____

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format

1. Name:**Street Address:****City:****State:****Zip Code:****Telephone Number:****Email:**

(____) ____ - ____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____**Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate** \$ _____**Total payments to Chapter, Branch or Affiliate** \$ _____**2. Name:****Street Address:****City:****State:****Zip Code:****Telephone Number:****Email:**

(____) ____ - ____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____**Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate** \$ _____**Total payments to Chapter, Branch or Affiliate** \$ _____**3. Name:****Street Address:****City:****State:****Zip Code:****Telephone Number:****Email:**

(____) ____ - ____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____**Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate** \$ _____**Total payments to Chapter, Branch or Affiliate** \$ _____

ATTACHMENT A-1
List of Professional Solicitors

Please list professional solicitor(s) soliciting on your behalf in Florida:

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT A-2
List of Professional Fundraising Consultants

Please list professional consultant(s) acting on your behalf in Florida:

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

Resigned, please remove

1. Last Name, First Name: <u>BARBER, MARK</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Director
Street Address: <u>4401 W KENNEDY BLVD 3RD FLOOR</u>	Phone Number: <u>813-474-4673</u>	
City, State, and Zip: <u>TAMPA, FL 33609-2048</u>	Compensated (Y/N): <u>N</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. Last Name, First Name: <u>COLLIE, VINCENT</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: Director
Street Address: <u>4401 W KENNEDY BLVD 3RD FL</u>	Phone Number: <u>813-474-4673</u>	
City, State, and Zip: <u>TAMPA, FL 33609-2048</u>	Compensated (Y/N): <u>N</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Last Name, First Name: <u>HAMILTON, LAURA H</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: President
Street Address: <u>4401 W KENNEDY BLVD 3RD FL</u>	Phone Number: <u>813-474-4673</u>	
City, State, and Zip: <u>TAMPA, FL 33609-2048</u>	Compensated (Y/N): <u>Y</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. Last Name, First Name: <u>HORNER, CAROL S</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: Director
Street Address: <u>4401 W KENNEDY BLVD 3RD FL</u>	Phone Number: <u>727-828-7(XX)</u>	
City, State, and Zip: <u>TAMPA, FL 33609-2048</u>	Compensated (Y/N): <u>N</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Last Name, First Name: <u>SCHLEPER, DENNY</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: Director Treasurer
Street Address: <u>4401 W KENNEDY BLVD 3RD FL</u>	Phone Number: <u>813-474-4673</u>	
City, State, and Zip: <u>TAMPA, FL 33609</u>	Compensated (Y/N): <u>N</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Last Name, First Name: <u>SHAW, STEVE</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: Director
Street Address: <u>4401 W KENNEDY BLVD 3RD FL</u>	Phone Number: <u>813-474-4673</u>	
City, State, and Zip: <u>TAMPA, FL 33609</u>	Compensated (Y/N): <u>N</u>	
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Last Name, First Name: <u>SYKES, BECKY</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title: Director

7. Last Name, First Name: SYKES, BECKY Title: Director Secretary
 Street Address: 4401 W KENNEDY BLVD 3RD FLOOR Phone Number: 813-474-4673
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

8. Last Name, First Name: WADE, ANGELINE E Title: Director
 Street Address: 4401 W KENNEDY BLVD 3RD FL Phone Number: 813-474-4673
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): Y
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

9.



10. Last Name, First Name: Coonan, Terry Title: Director
 Street Address: 4401 W. Kennedy Blvd 3rd Floor Phone Number: 813-474-4673
 City, State, and Zip: Tampa, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

11. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

12. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

ATTACHMENT C
Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____

2. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____

CH 36827

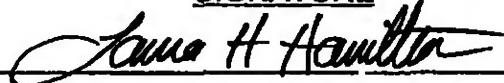
DTN 2813049

CONFLICT OF INTEREST CERTIFICATION

This will certify that Bridging Freedom, Inc. has adopted

NAME OF ORGANIZATION

a policy regarding conflict of interest transactions. The policy has been read and is understood by all of the directors, officers and trustees of the organization. (s.496.405, F.S.)

	<u>NAME</u>	<u>SIGNATURE</u>
1.	<u>Laura Hamilton</u>	
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____

(continue on additional pages if necessary)